**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I						SMALL	ENTITY		OTHER	THAN
(Column 1) (Column 2)					TYPE	· ·	OR	SMALL		
FOR		NUMB	ER FILED	NUMBER	NUMBER EXTRA		FEE		RATE	FEE
BASIC FEE							345.00	OR		690.00
TC	TAL CLAIMS	(5	minus 2	20= * U	5	X\$ 9=		OR	X\$18=	662
INDEPENDENT CLAIMS (			minus 3 = *			X39=		OR	X78=	78
MULTIPLE DEPENDENT CLAIM PRESENT								OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL		OR	TOTAL	1650
	С			•	OTHER	THAN				
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR	SMALL	
<b>AMENDMENT A</b>	e.A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 58	Minus	·· \$6\$	= 🕏	X\$ 9=		OR	X\$18=	6
	Independent	* 7	Minus	PENDENT CLAIM	= 3	X39=	)	OR	X78=	35.9
	FIRST PRESE	MIATION OF M	OLTIPLE DEP	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL			TOTAL	<b>3</b> 5 2
						ADDIT. FEE		OR	ADDIT. FEE	43 2 .
	II -	(Column 1) CLAIMS	<del></del>	(Column 2) HIGHEST	(Column 3)					
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	+	Minus	***	=	X39=		OR	X78=	-
	FIRST PRESE	NTATION OF M	OLTIPLE DEP	PENDENT CLAIM		+130=		OR	+260=	
						TOTAL		OΒ	TOTAL ADDIT, FEE	
ADDIT. FEE									ADDIT, FEE	
		CLAIMS		HIGHEST	(Column 3)	<del></del>	ADDI		-	A65:
AMENDMENT C	********	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	: <b></b>
	Independent	*	Minus	***	=	X39=			X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					709-		OR	∧/ 0=	
	If the entering and	+130=		OR	+260=					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										
	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.									

**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD Effectiv October 1, 2001

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI	370.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			minus 20= *		*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =					X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PR			RESENT					+140=	1	OR	+280=		
*11	the difference	e in column 1 is	less than zero, enter "0" in colum			olumn 2		TOTAL		OR	TOTAL		
						(Column 3)		SMALL	ENTITY	OR	OTHER SMALL		
<b>AMENDMENTA</b>		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUMI PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	. 154	Minus	1 4	8	=		X\$.9=		OR	X\$18=		
AME	Independent	NTATION OF M	Minus	###	7	=		X42=	·	OR	X84=	. , .	
:	111101111202	THAT OF OF W	JUITUR DE	FENDENT	CLANIA			+140=		OR	+280=		
	: :						L	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT, FEE		
		(Column 1)		(Colum		(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENQMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	01.444	=		X42=		OR	X84=		
	PINST PRESE	NIATION OF MU	LTIPLE DEPENDENT CLAIM				+140=		OR	+280=			
						Al	TOTAL DDIT. FEE		OR 7	TOTAL ODIT. FEE			
	•	(Column 1) CLAIMS		(Colum		(Column 3)	i <u>.</u>			_			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	. [	RATE	ADDI- TIONAL FEE	
Q.	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		-	·	X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+140=		· t			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
		·								• •			